Success Story TMG Curriculum Teaching Package Complete I-TECH, HHS/HRSA

Libraries in Mozambique's provincial health training institutions are often characterized by dust, 20 year-old back issues of the Lancet, tattered medical books, and most often literature written in languages other than Portuguese. The lack of appropriate learning materials impedes the education of clinical students and their instructors' abilities to teach effectively. The intense demands on lecturers, who also work as clinicians at local hospitals and health centers, intensifies these challenges. In their clinical roles, lecturers are overworked and oftentimes see over 50 patients a day in addition to their teaching duties. Because teachers have little time outside their clinical obligations, and they lack appropriate reference and teaching materials, it is no wonder it is such a challenge to for them to teach aspiring Mozambican clinicians effectively.

In order to address this obstacle which affects the entire health sector, the Ministry of Health and I-TECH undertook to provide a complete teaching package for Tecnicos de Medicina Geral (most similar to Physicians Assistants in the U.S.). The teaching package includes syllabi, handouts and lesson plans for every lesson, checklists for every procedure, and rotation guides for every clinical rotation. Producing this package was an immense, laborious undertaking, especially in the context of a tight timeline.

Nonetheless, a team of six physicians and three curriculum developers was assembled and worked rigorous hours for the last two years to produce the content. Finally, in August 2012, Ana Bela Amude, the I-TECH curriculum developer responsible for coordinating content development, announced via email that, finally, the curriculum package was complete and ready for roll out.

The curriculum includes 36 syllabi, 967 lesson plans and handouts, 101 checklists for clinical and nursing procedures, five rotation guides and two orientation manuals for both the clinical rotations and the rural internship. The content of these tools are high quality, up to date, appropriate for the context and epidemiology of Mozambique, and easily understandable by students. Currently, 450 students from 15 cohorts are enrolled at nine Health Training Institutes employ the revised curriculum.

The first three cohorts of clinical students trained with these tools will graduate in December 2012. And the hard work invested in the development of the curriculum is paying off with interest. Curriculum developers often say that the biggest obstacle to curriculum reform is resistance from faculty. However, despite a dramatic transformation in the curriculum, faculty in the nine training institutions using the package welcome the tools and implemented them appropriately. Course directors and faculty reported increased interest and motivation among their students; rotation tutors stated they saw higher levels of knowledge among the 15 cohorts as compared to earlier cohorts. Furthermore, standardized national exams confirmed a remarkable consistency in results in almost all 15 of the training institutions throughout the country.

But perhaps the story is best illustrated by the student who pointed out, albeit with lukewarm reception, that the treatment of his diabetic patient contradicted routine treatment for high blood pressure. His knowledge and his unique courage demonstrates the critical influence the curriculum has had in empowering him to effect change in the delivery of health care in Mozambique.